ROYAL HOSPITAL FOR WOMEN Approved by
LOCAL OPERATING PROCEDURES Quality & Patient Safety Committee
CLINICAL POLICIES, PROCEDURES & GUIDELINES MANUAL 19/8/10

BLOOD PRODUCTS REFUSAL IN PREGNANCY

1. OPTIMAL OUTCOMES

- Appropriate assessment and management of a woman who refuses blood product support during pregnancy, delivery and postpartum period.

2. PATIENT

- Woman who refuses transfusion of blood products in pregnancy based on :
    - Religious beliefs (e.g. Jehovah's Witness)
    - Personal grounds

3. STAFF

- Medical staff
- Registered midwives

4. EQUIPMENT

- 16G IV Cannula

5. CLINICAL PRACTICE

Pre-Conceptional and Antenatal

- Identification of women who would not accept a blood transfusion in a life-threatening situation
- Counsel her with regard to the increased risk of maternal mortality, morbidity and possible ways to decrease this
- Refer to Haematologist for documentation on a legally binding Advanced-Care directive (available from patient's religious organisation), which products would and would not be acceptable to the individual patient. Place a copy in the medical record including :
    - Which blood fractions are acceptable (e.g. Albumin, Prothrombinex, Biostate)
    - Whether Anti-D is acceptable
    - Which recombinant products are acceptable (e.g. Erythropoietin, Novo7)
    - What is acceptable in event of excess bleeding (eg. intra-operative blood salvage)
    - Measures that may be possible to limit anaemia (eg. acute normovolemic haemodilution)
    - Measures to treat complications (e.g. haemodialysis)
- Document and consent what action woman would sanction if she were unconscious / unable to communicate and dying from haemorrhage.
- Review full blood count (FBC) at booking visit
- Optimise haematological parameters
    - Treat haematinic deficiency (Iron, B12, Folate)
    - Avoid anti-platelet drugs (e.g. aspirin) prior to delivery if possible
    - Consider Erythropoietin / Darbepoietin (see Education notes below)
    - Identify those at risk of haemorrhage (see below)
- Monitor Hb regularly, at least at 28 and 36 weeks
- Review by obstetrician to advise :
    - Hysterectomy Uterine artery embolization may be required to control bleeding
    - Inability to transfuse places woman at a significant risk of disability / death if she has a major haemorrhage
    - Review by Obstetrician to advice place of birth, recommend delivery in a level 6 delineated facility for high risk woman
    - Active management of the 3rd stage of labour
    - Identify women at high risk of haemorrhage

BLOOD PRODUCTS REFUSAL IN PREGNANCY cont'd

- Refer to anaesthetist and haematologist prior to birth to discuss transfusion alternatives
- Consider review by interventional radiologist
- **Intrapartum**
  - Review the advance care directive and plan for birth
  - Inform senior obstetrician, anaesthetist and haematologist that patient has been admitted in labour
  - Advise active management of 3rd stage of labour
  - Site 16G IV cannula if high risk of haemorrhage
  - Manage active haemorrhage promptly and involve consultant obstetrician, anaesthetist and haematologist early and manage haemorrhage as per PPH with the exception of blood product
  - Consider cell salvage intraoperatively
- **Management of Postpartum Anaemia**
  - Administer oral iron and Vitamin C, Vitamin B12 and folic acid
  - Consider recombinant erythropoietin
  - Consider Hyperbaric oxygen therapy in life-threatening anaemia

6. HAZARDS / SUB-OPTIMAL OUTCOMES

- Maternal morbidity : organ failure, hysterectomy
- Maternal mortality
- Fetal morbidity and mortality
- Failure to identify or counsel woman who refuses blood products
- Administration of blood product against patients consent

7. DOCUMENTATION

- Antenatal Card
- Integrated notes
- Advanced Care directive

8. EDUCATIONAL NOTES

- There is a 35-100 times greater maternal mortality risk in Jehovah's Witness patients
- The competent woman's choice must be respected, both ethically and legally
- Delay in decisive measures in acute haemorrhage increases the risk of death
- Early and clear communication with the patient, family and multidisciplinary team is imperative
- Erythropoietin / Darbepoietin :
  - Requires Haematologist review
  - Not PBS-subsidised for this indication
  - RHW staff are responsible for obtaining and organising payment for this medication
  - IPU (Individual Patient Use) form must be completed, and will be approved by Area Drug Committee and Hospital covers the cost. Alternatively patient covers the cost.
  - Will be charged to individual patient unless Area Drug Committee approves
  - Erythropoietin 300-600 IU/kg sc weekly x 3-6
  - Good evidence for benefit is lacking
- Jehovah's Witnesses can obtain an Advanced Care Directive from their own organisation.
- Offer employee assistance Program (EAP) counselling to either groups or individual clinicians involved in the case of when a woman dying

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BLOOD PRODUCTS REFUSAL IN PREGNANCY cont'd

9. RELATED POLICIES / PROCEDURES / GUIDELINES

- PPH
- 3rd stage management

10. REFERENCES

- Massiah N et al. Obstetric Care of Jehovah's Witnesses : a 14-year observational study. Arch Gynecol Obstet 2007; 276: 339-343
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- Women's Hospitals Australasia – Clinical Practice Guidelines. Refusal to accept blood and blood products. Last reviewed June 2005. www.wcha.asn.au (accessed August 2009)
- NSW Department of Health Guideline on Advanced Care Directives 2005 http://www.health.nsw.gov.au/policies/gl/2005/pdf/GL2005_056.pdf
- NSW Department of Ageing, Disability & Homecare Planning Ahead Kit 2006 http://www.dadhc.nsw.gov.au/NR/rdonlyres/E0B88110-78E2-4626-B6D8-A2B3601E353B/1901/PlanningAheadKitMay1.pdf